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# DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF

EDNA L. FOLEY, R.N.

[To keep this department up-to-date and helpfully interesting, nurses in social work of every description and superintendents of district nursing associations are asked to put the address of its editor—104 South Michigan Avenue, Chicago—on their mailing files for items, clippings, and annual reports.]

## ITEMS

CHICAGO.—Efficiency experts are fond of saying that the keynote of modern social work is *prevention* and toward this end we are all working. Hospital Social Service is demonstrating that our institutions for the sick have not discharged their responsibilities when the patient is sent out “recovered,” if a weary convalescence of a wage-earner makes a diminished resistance to disease possible in his ill-nourished family, and Juvenile Courts and protective agencies are placing the responsibility for juvenile misdemeanors *not* on the minor culprits, but on the municipality that tolerates the environment in which these little sinners were permitted to be born and live.

Scientists are alive to the fact that it is poor economy to provide almshouses and hospitals for the victims of occupational diseases and preventable accidents, so through state factory inspection, legislation and shortened hours of work for women and minor children, are endeavoring to reduce the danger to the individual in hazardous trades. Charity Organization Societies have always been alive to the fact that family rehabilitation meant a great deal more than paying rent and feeding hungry families (neither of these kindly attentions tending to decrease the numbers seeking them), and that the insertion of moral backbone in a broken-down family-group, though a tedious task, was the better way of insuring the *prevention* of pauperizing children and neighborhoods. All societies working for social betterment are striving to do positive educational, preventive work rather than the more palliative (wrongly called negative), social work that characterized much of the public and private relief work of fifty years ago. Hence, it is not surprising that many people should lose interest in the derelicts of society—the chronics, the incurably ill—no matter what their deserts as individual invalids may be. So, naturally, most homes for our aged poor, our crippled

children, and hopelessly-ill consumptives might well be stamped with the inscription Dante placed over the entrance to Avernus, while the public at large takes it for granted that visiting nurses will be good to all poor sufferers *not* in institutions and that in large measure, the work of a visiting nurse is palliative rather than constructive.

Were this fact known to be true, there would be more need than ever of district nursing, for it is a poor community that allows its weaklings to die from exposure and neglect, but an interesting study of the patients treated in November by the Chicago Visiting Nurse Association disclosed the surprising fact that only 15 per cent. could be classed as purely palliative cases. The patients were grouped as constructive, purely palliative, and unclassified. The latter consisted of all cases not found—not a large number, considering that the Association averages over 4,000 patients monthly. Under the heading “Constructive” were grouped all acute cases, medical or surgical, in which careful instruction and nursing service prevented infection and more serious illnesses; all “chronic” cases that were so improved by care that the patients were enabled to return to work; all cases of tuberculosis where more than the patient himself was exposed; and last but not least, all cases in which the work of the nurse made it possible for the wage-earners to return to work and the children to school. About 11 per cent. of the total number of cases were in the unclassified group, and only 15 per cent. could be classed as “purely palliative” cases to whom the visiting nurse meant comfort, cheer and friendliness. In this latter group were sufferers from diabetes, paralysis, tuberculosis, carcinoma, Bright’s disease, arthritis, and other worse afflictions. Such cases cause us to wonder if the day of euthanasia is far distant, but some of them make us truly thankful that it will probably never arrive, for occasionally a seemingly hopeless patient is graduated into a recovered class.

Visiting nurses would like to see more research work done for our soldiers of misfortune. Perhaps there is no such disease as rheumatism, pure and simple, but there are so many substitutes parading under that term that careful study might be able to produce a serum or a panacea or at least a much larger number of scientists who would be interested in its alarming increase among our working people. Varicose ulcers, too, deserve more attention than they ordinarily receive, and if these two conditions could be checked, the per cent. of purely palliative cases would decrease proportionately.

Perhaps it is just as well, in these days of prevention and efficiency, that the chronically-ill have a friend at court to bring them ever before the notice of a forgetful public, and our surprise that this per cent. is no larger is tempered by our hope that few hopelessly-ill sufferers in

need of our ministrations are unknown to us. In a recent address on the care of the chronic patient, Dr. Joel Goldthwait, of Boston, unconsciously smoothed the path for many visiting nurses when he said: "In the acute diseases, you have certain medicines, certain drugs, as they are indicated. There is always something to be done of a purely physical nature, and this makes very little test of the individuality of a nurse. What I maintain is that acute nursing is not the highest type that you can achieve. Chronic work means using that knowledge as your preliminary training, and then going on with that knowledge and taking these patients and holding them, knowing perfectly well that with a chronic case no one drug can be kept up all the time, remembering that you can control their pain, that you can relieve a lot of their symptoms by your presence, and by your feeling of hope; that you can accomplish much for them if you will only fight with them."

At the Home-Makers' Exhibit and Conference held recently in Chicago, a most suggestive visiting housekeeper exhibit was put on by the United Charities. Three rooms were arranged to show, first the actual awful conditions found in the homes of the ignorant poor by all district workers, and second, the very marked changes that a wisely expended, modest sum of money can produce. The equipment of the first two rooms consisted of furniture moved from homes where it was in daily use. Although it was fumigated before being set up, the filthy bedding and dirty, bumpy mattresses suggested every disease known to the lay mind. Each article was tagged by a large, plainly printed card, giving its history. Over an apology for a couch that consisted of an old bed-stead with only two slats remaining, a fearfully hilly mattress, more suggestive of desperate encounters than of pleasant dreams and a ragged quilt that might have been stolen from the window of a coal cellar, a placard stated tersely that a boy of thirteen, haled into the Juvenile Court for a propensity for sleeping in alleys and ash-barrels, shared this bed with his brother, while three others slept in another bed almost as bad, in the same small, badly-ventilated bedroom. Further comment seemed superfluous. Truly the causes of juvenile delinquency are not difficult to trace. In the adjoining room, a placard over a stove seemingly only fit to be the repository of several smoky, unwashed cooking utensils, stated that this kitchen was the living room of a family of nine, for which the mother, a third-stage consumptive, prepared all the food. Knowing well the weariness which is the legacy of all advanced consumptives, it was not hard to see why the stove was unpolished, the dishes unwashed and the oilcloth on the table, a darkened ghost of its former self. On this table was arranged the food, commonly bought and pre-

pared by this mother, and one was prepared to see sugar rolls, pork chops, questionable looking butter, no green vegetables and a scanty pint of blue milk. On an adjoining table was placed food that could be purchased for the same amount. It consisted of eggs, butter, apples, raisins, corned beef, carrots, flour, cabbage, rutabaga, potatoes, lard, four quarts of milk and coffee. The price of the food on each table was **exactly one dollar**. A coal scuttle, standing before the stove, full of soft coal which the poor use, was labelled "\$.10 worth of soft coal. It weighs **nineteen pounds**. At this rate, a ton of coal costs \$10.53."

The following "story," giving tables of the money and food values of supplies purchased wisely was also distributed. A better way of demonstrating the positive value of the work of the visiting housekeeper in the homes of the ignorant, would be hard to find, although perhaps a more popular reading of the food values discussed in the distributed leaflet could be devised.

#### DIETARY WORK OF THE VISITING HOUSEKEEPER

##### Money Fails, Science Triumphs

THE following extracts from accounts kept by an Italian widow with four children living on a minimum income show the customary wasteful buying of thousands of tenement housewives:

<i>February 27th</i>		<i>February 28th</i>	
Milk, 1 pt. ....	.05	Milk, 1 pt. ....	.05
Potatoes, 2 lbs. ....	.05	Veal chops, 2 lbs. ....	.32
Pork chops, 1½ lbs. ....	.30	Bread .....	.05
Bread .....	.10	Macaroni, 1½ lbs. ....	.14
	—	Cheese, ½ lb. ....	.17
	.50	Crackers, 1 box .....	.05
		Eggs, ¼ doz. ....	.10
		Rolls .....	.10
			—
			.98

A study of many such lists showed the daily average to be 74 cents. February 26th showed among other items, butter at 40 cents per lb.

This mother has a reputation for economy; yet almost every item shows bad buying. The sickening sameness of the diet, and the lack of mineral ingredients, together with an undue amount of stimulation resulted in impaired health of every member of the family. The children were receiving from six to ten cups of coffee, daily, although that item does not happen to appear on the days selected. Her list shows three types of injudicious buying: 1st, the loss through buying in small quantities; 2nd, the extravagant price paid for package goods; 3rd, the loss through buying from custom rather than for food values.

1 pt. milk costs . . . . .	.05	while 1 qt. costs . . . . .	.08
2 lbs. potatoes cost. .05 or 37½c. per pk.		while 1 pk. costs . . . . .	.29
Box crackers cost . . .05 or 17c. lb.		while 1 lb. loose costs . . . . .	.10
Italian cheese costs. .34 per lb.		while American costs . . . . .	.24
Pork chops cost . . . . .	.20 per lb.	while lower round costs . . . . .	.12
Butter costs . . . . .	.40 per lb.	while oleomargarine costs . . . . .	.25
		(equally nourishing)	

Money in salaries is money in food.

The Visiting Housekeeper offers this menu for the same money.  
*Breakfast:* Oatmeal, with sugar and top milk, toast, with oleomargarine, coffee for adults, cocoa for children.

*Lunch:* Macaroni with cheese and tomato sauce, bread with oleomargarine, coffee for adults, milk for children.

*Supper:* Brown stew, baked potatoes, creamed carrot, bread with oleomargarine, stewed raisins, coffee for adults, milk for children.

The foregoing well balanced and scientifically adequate diet is secured at no greater expense than the pitifully meagre diet of the Italian widow's own planning.

The following table shows the cost and food value of the sample diet. Note that it furnishes 9763 calories, while the family requires 8950, as shown in the last table.

Food Material	Amount	Cost per Unit	Food Value	Cost
Oatmeal (loose) . . . . .	¼ lb.	.033 per lb. 450	Calories	.0083
Flour . . . . .	1 lb.	.028 per lb. 1600	Calories	.028
Macaroni (loose) . . . . .	½ lb.	.06 per lb. 812	Calories	0.03
Milk . . . . .	3 qts.	.08 per qt. 2025	Calories	0.24
Coffee . . . . .	1½ oz.	.21 per lb. . . .	Calories	0.0196
Cocoa (loose) . . . . .	⅓ oz.	.23 per lb. 40	Calories	0.005
Potatoes . . . . .	1⅓ lbs.	.29 per pk. 405	Calories	0.029
Carrots . . . . .	1	.025 per lb. 160	Calories	0.025
Raisins . . . . .	½ lb.	.10 per lb. 722	Calories	0.05
Oleomargarine . . . . .	¼ lb.	.25 per lb. 825	Calories	0.0612
Canned tomatoes . . . . .	¼ can	.10 no data	Calories	0.025
Beef (neck) . . . . .	1½ lbs.	.09 per lb. 1342	Calories	0.14
Sugar . . . . .	½ lb.	.06 per lb. 907	Calories	0.03
Cheese . . . . .	¼ lb.	.24 per lb. 475	Calories	0.06
		9763		0.7511

The food requirements of this Italian family are as follows:

	Age	Weight	Requirements
Woman . . . . .	43	130	2400 Calories
Girl . . . . .	15	110	2150 Calories
Boy . . . . .	11	60	1600 Calories
Boy . . . . .	8	52	1500 Calories
Girl . . . . .	4	34	1300 Calories

Total . . . . . 8950 Calories

NOTE.—The calorie is the unit by which food value is measured.

CLEVELAND.—More and more is it being brought forcibly before the lay mind that one of the most riskful of occupations is that of being a baby. At least one in every five born into the world leaves it too soon, in search of a more hospitable one, where bad milk, old-country superstitions and human indifference to the woes of babyhood are unknown. The present enthusiasm in the subject is fortunately contagious, and splendid work is being done in many cities. The sixth annual report of the Cleveland Babies' Dispensary and Hospital is a most interesting account of the local work. Of special interest to us is the report of the superintendent of nurses, Harriet L. Leet (at present on a year's leave of absence at Teachers' College). An annual report, able to convey a really vital, graphic description of its reason for being to its friends and supporters, is not an easy thing to produce, but every word of this is so full of local color and general interest that reading it is a pleasure. The idea of letting the nurses tell their stories of the wee sick babies found in every sort of home, is a good one. Statistics are good ammunition, but they lack force when unaccompanied by these human touches that go straight to the heart of every baby lover with unerring aim. The Cleveland work is growing rapidly, and Miss Leet has a large force of varied and interesting workers.

LOS ANGELES.—The fourteenth annual report of the College Settlement nurses of Los Angeles is just out. The staff of five nurses is unique in that it is the only one financed by a municipality for general visiting nursing. The objection to this in the minds of some of us is overcome when we know that the nurses are under private supervision. Other localities may take fresh courage at this, for it has worked so successfully in Los Angeles that there is no reason to believe that unpaid private supervision of public nurses is an impossible arrangement. Los Angeles pays special attention to its maternity and infant welfare work. Senior students of two local medical schools, under their supervising obstetricians, work with the maternity nurse. (Another suggestive possibility for other associations.) One of the nurses is detailed to the daily Milk and Baby Hygiene Clinic, and most gratifying have been the results of her follow-up work from this station. This report contains several good photographs in connection with its baby work, the "exhibit pictures" being of special interest to associations anxious to undertake this sort of work.